Form Approved OMB no. 0920-0017 Exp. Date 06/30/2009

Management for International Public Health Course September 10-October 19, 2007



Application Form



| Name and Address of Applicant (Please type or print) | | | | | | |
|---|------------------------|--|---------------------|----------------------|--|--|
| Check one: Dr. Ms. Mrs. Mr. | | | | | | |
| Family Name or Surname | Given Name | Given Name Preferred Name | | Name | | |
| Mailing Address—Home | | | | | | |
| Street/P.O.Box City | Province | Country | | Postal Code | | |
| Home Tel. # (include country and city codes) Mobile/Cell Phone # (include country and city codes) | | | | | | |
| Home Email Address Work Email Address | | | | | | |
| Gender (check one) | e Date of E | Date of Birth (for insurance purposes) | | | | |
| Emergency Contact | Relations | ship | Tel. # (include cou | ntry and city codes) | | |
| Employment Information | | | | | | |
| | | | | | | |
| Title | Length of time in | Length of time in this position | | | | |
| Mailing Address—Organization/Institution | | | | | | |
| Organization/Institution Name Street/P.O. | Box City | Province | Country | Postal Code | | |
| Work Tel. # (include country and city codes) | Work Fax # (include | country and city | / codes) | | | |
| Prefer to be contacted at: ☐ Home ☐ Wor | k | | | | | |
| Supervisor's Name Supervisor's Tel. # (ir | nclude country and cit | y codes) | | | | |
| Supervisor's Email Address | | | | | | |
| Brief description of your current position (150 |) words or less): | | | | | |
| | | | | | | |
| | | | | | | |

| Name | | | | | |
|-------------------------|---|--|---|--|--|
| Educational Background | | | | | |
| Degree | College or University | City, Country | Dates of Study | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Experience as a (In 150 words or less, describe previou | Management Trainer s management training you have con | nducted) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Langı | uage Skills | | | |
| What is vou | ur native language? | | | | |
| | languages do you speak? | | | | |
| | Anticipated | Funding Source | | | |
| | | | | | |
| | course sponsor (Examples: CDC Global AIDS and Agency Contact Information: | Program, USAID, MOH): | | | |
| Name | Tel. # (include country and city codes) F | ax # (include country and city codes) | | | |
| Sponsor Er | mail Address | | | | |
| materials. Tup rapidly. | he 2007 MIPH course is US\$5,500 and include The deadline for MIPH applications is May 15, 2 Once notified that you have been accepted, you BED FOR TUITION NOT RECEIVED BY AUGU | 007. We encourage early application be truition fee of US\$5,500 is due. A US \$ | ecause the course fills 500 LATE FEE WILL | | |

Signature of Applicant Date

www.cdc.gov/smwp

clude roundtrip airfare, food, housing, and incidentals. For more information, see our website at www.cdc.gov/smdp.